

Discharge Data Form

Please complete the information requested below and indicate the page numbers or appendices in the project plan, which verify the information provided. Enter "N/A" if information is not pertinent.

PROJECT APPLICANT: _____

PROJECT LOCATION: _____

SRF/SWQIF PROJECT NUMBER: _____ RLOCS PROJECT MANAGER: _____

A. Water Quality Severity Data

page _____ 1. Pre-project conditions, including wastewater collection/treatment deficiencies and water quality problems currently occurring.

page _____ 2. Post-project conditions, including proposed facilities and water quality improvements.

Does the existing facility (or facilities) being upgraded, expanded, or replaced by this project file either surface water or groundwater discharge monitoring reports?

☐ YES, Proceed to Section D or ☐ NO, Proceed to Section B or C

Note: If a project with either a surface water or groundwater discharge is also causing a nitrate problem in the groundwater (i.e., leaky lagoons), please be sure to complete Item C.5. Projects may receive points for both surface water and groundwater contamination.

B. Data on Existing Surface Water Discharge

page _____ 1. Discharge type:

☐ Continuous

☐ Seasonal

☐ Intermittent (*if CSO, or SSO, please complete Sections E and F below*)

page _____ 2. Flow (*identify whether units are MGD or MG Y*) _____

page _____ 3. Identify Receiving Water and Type _____

page _____ 4. Location (*town, range, and section*) _____

page _____ 5. Existing Treatment

☐ Untreated

☐ Secondary

☐ Combined Sewer Overflow

☐ Tertiary

☐ Primary (including septic system with direct surface water discharge)

page _____ 6. Existing Disinfection Process:

☐ None

☐ Chlorination

☐ Other (*specify*) _____

C. Data on Existing Groundwater Discharge

page _____ 1. Discharge Type:

☐ Continuous

☐ Seasonal

☐ Intermittent

page _____ **2. Flow** (*identify whether units are MGD or MGY*) _____

page _____ **3. Location** (*provide town, range, and section*) _____

page _____ **4. Existing Treatment**

☐ Untreated ☐ Primary (including septic with tile field) ☐ Secondary

page _____ **5. Nitrate contamination of public or private wells caused by the discharge of effluent/wastes from the treatment system or systems:**

☐ Public well(s) in vicinity contains nitrates > 10 mg/L (100 points)

☐ Private well(s) in vicinity contains nitrates > 10 mg/L (75 points)

☐ Monitoring well(s) in vicinity contains nitrates > 10 mg/L (50 points)*

☐ No evidence of nitrate contamination in local wells

***Note:** If only the total inorganic nitrogen ("TIN" ammonia + nitrite + nitrate) concentration is available, a separate sampling and nitrate analysis should be performed to document the nitrate concentration.

D. Information on Proposed Surface Water/Groundwater Discharge (*attach additional pages if necessary; a copy of the effluent limits letter/permit table may suffice.*)

page _____ **1. Discharge Type:**

☐ Continuous

☐ Seasonal

☐ Intermittent

Identify all discharge points and receiving waters.

page _____ **2. Average Design Flow** (*identify units as MGD or MGY*) _____

page _____ **3. Identify receiving water for a surface water discharge** _____

page _____ **4. Location** (*town, range, and section*) _____

5. List Effluent Limits:

Minimum Dissolved Oxygen _____

CBOD₅ _____

Ammonia _____

Phosphorus _____

TIN (Groundwater Permit) _____

Page _____ **6(a) Will the proposed facility address documented total residual chlorine (TRC) violations?**

☐ YES, proceed to 6(b) ☐ NO

6(b) Will the proposed disinfection improvements involve either dechlorination or an alternative disinfection technology (e.g. ultraviolet disinfection, ozonation) that eliminates the use of chlorine?

☐ YES ☐ NO

E. Data on Existing (Pre-Project) CSO and SSO Discharges

Information must be provided **for each outfall** directly associated with the proposed correction project.

Outfall #	Receiving Stream	Location* Town/Range/Section	Estimated Overflow Volume (MG) for 1-year, 1-hour storm event
001			

Outfall #	Estimated Overflow Duration (Hours)	Estimated Annual Overflow Volume (MG)	Tributary Residential Population
001			

F. Data on Future (Post-Project) CSO Discharges

List each outfall from Section E. For outfalls which will cease to function as combined sewer outfalls upon the completion of this project, simply enter "Eliminated" under Receiving Stream. List any new outfalls (e.g., for a retention/treatment basin) created by this project and include its associated discharge data.

Outfall #	Receiving Stream	Location* Town/Range/Section	Estimated Overflow Volume (MG) for 1-year, 1-hour storm event
001			

Outfall #	Estimated Overflow Duration (Hours)	Estimated Annual Overflow Volume (MG)	Detention Time Prior to Discharge for 1-year, 1-hour storm event
001			

* A map showing the discharge locations by number is highly preferable and can be attached to this sheet.

Please attach additional pages if necessary.